

304 .375

Work Order ID 107634

\*107634\*

Page 1

September-27-13 1:05:02 PM

Item ID: D4021-9

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Item Name: Bushing

Stop

\*NS2\*

Start Date: 10/03/13

Start Qty: 120.00

\*120\*

Cust Item ID:

Required Date: 10/03/13

Req'd Qty: 120.00

\*120\*

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 13-09-30

Tooling:

Date:

Run Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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D4021	B
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100	0.00
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\*100\*

Hardinge

Hardinge CNC Lathe Small

Memo

0.00

TURN AS PER FOLIO FA 868 AND DWG D4021

DWG REV: B

FOLIO REV: \_\_\_\_\_

DAS  
40  
9-89

13/10/02

121

Ø

110

QC2- Inspect parts off machine FAI/FAIB

0.00

\*110\*

QC

Quality Control

Memo

0.00

DAS  
40  
9-89

13/10/02

121

Ø

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS						
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data												
Equip/Tooling												
Operator												
Material												
Setup												
Other												
Process												
Supplier												
Training												
Unapproved												
FAULT CATEGORY												
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other	

Work Order ID 107634

\*107634\*

Page 2

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Item ID:	D4021-9	Accept	*N900040100*	Setup	Start	*NS1*	
Revision ID:				Stop		*NS2*	
Item Name:	Bushing						
Start Date:	10/03/13	Start Qty:	120.00	*120*	Cust Item ID:		
Required Date:	10/03/13	Req'd Qty:	120.00	*120*	Customer:		
Reference:							
Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
	QC:	Date:	SPC (Y/N):	Date:	Stop		*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> QC Quality Control	QC8- Inspect parts - second check Memo	0.00	B	13/10/02	121	4			DAC 08 2-89
130 <b>*130*</b> Packaging Packaging	Identify as per dwg & Stock Location: <u>WA4</u> Memo	0.00	PPL	13.10.03	121				
140 <b>*140*</b> QC Quality Control	QC21- Final Inspection - Work Order Release Memo	0.00							<u>BB/11</u> 13-10-4 <u>AB-10-X</u>

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____	DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>		
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data									
Equip/Tooling									
Operator									
Material									
Setup									
Other									
Process									
Supplier									
Training									
Unapproved									

## FAULT CATEGORY

Landing Gear		General																
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled								

# Picklist Print

September-27-13 1:05:02 PM

Page 1

Work Order ID: 107634

Parent Item: D4021-9

Parent Item Name: Bushing

Start Date: 10/03/13

Required Date: 10/03/13

Start Qty: 120.00

Required Qty: 120.00

Comments: IPP REV:A NEW ISSUE 09-11-23 JLM VERIFIED BY:DD IPP Rev:B as per dwg REV.A  
DD 10.02.22 verified by:EC IPP Rev:C as per dwg revB DD 10.04.20 verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304R0.375 304 ROUND BAR 0.375		Purchased	No			f		13.9270		9.96	0.00	13/10/02	

Location	Loc Qty	Loc Code
MAT029	13.927	
125585	1.364	
→ M126153	12.563	

NCR: Yes / No

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____		DISPOSITION			AGAINST DEPARTMENT/PROCESS														
Part No. _____		Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>
NCR No. _____		Work Order Update <input type="checkbox"/>																	
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector						
Doc/Data																			
Equip/Tooling																			
Operator																			
Material																			
Setup																			
Other																			
Process																			
Supplier																			
Training																			
Unapproved																			
FAULT CATEGORY																			
<b>Landing Gear</b> <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<b>General</b> <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio				<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled			

DART AEROSPACE LTD	Work Order:	107634
Description: Bushing	Part Number:	D4021-9
Inspection Dwg: D4021	Rev: B	Page 1 of 1

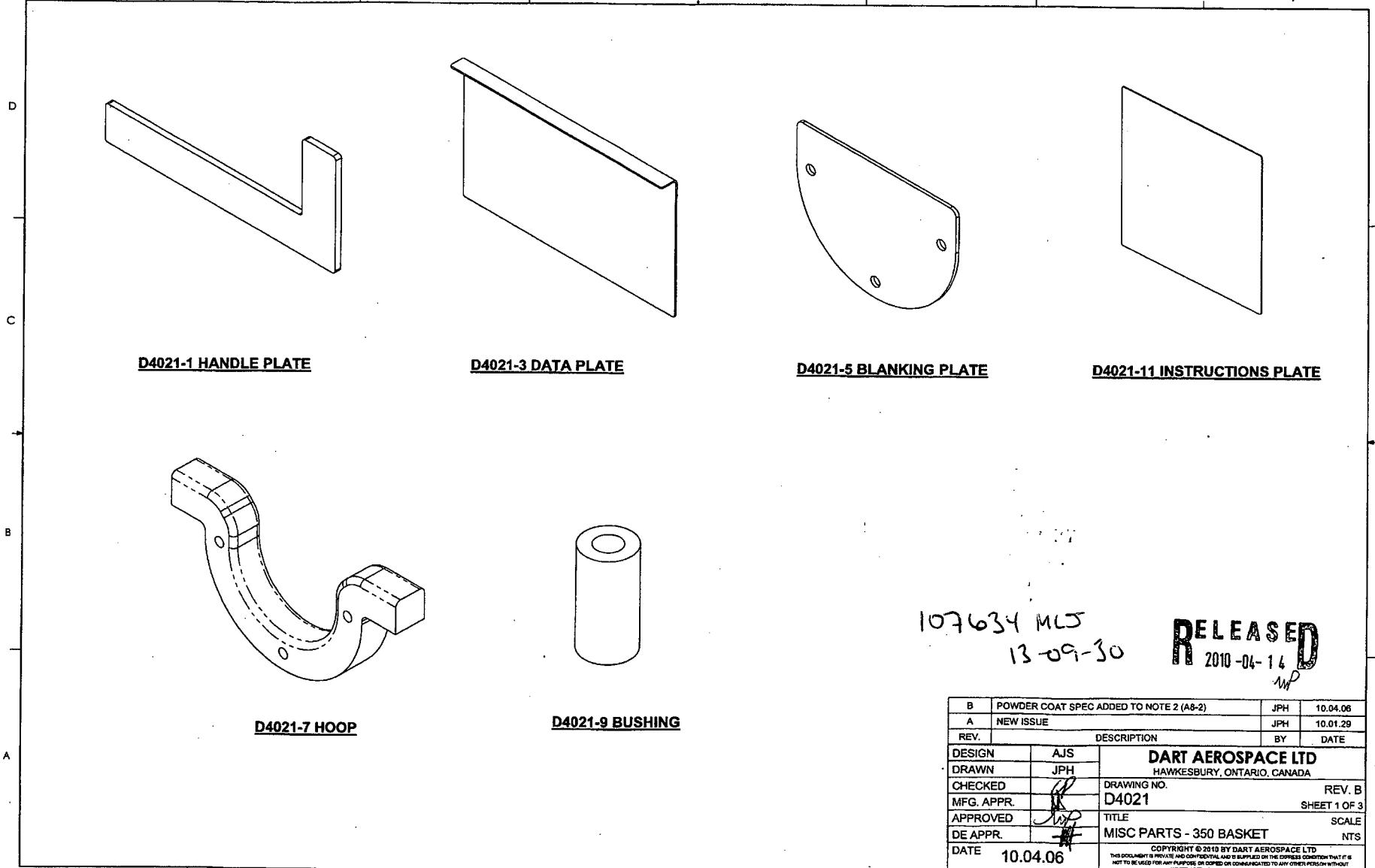
## FIRST ARTICLE INSPECTION CHECKLIST

AS

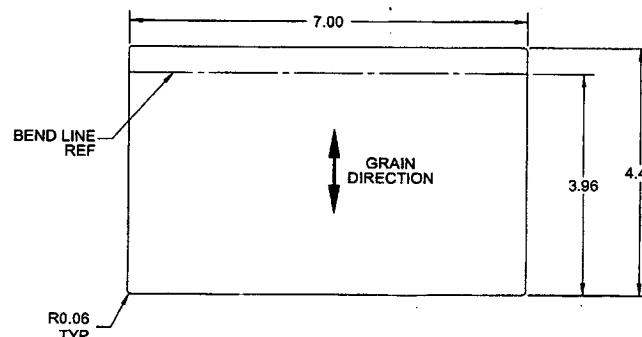
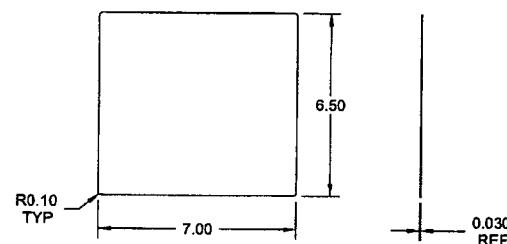
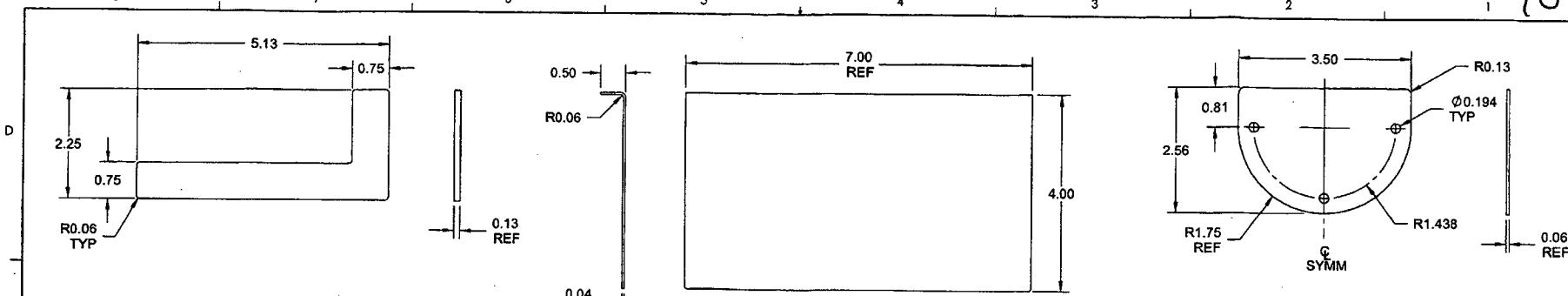
Measured by:	40 9-89	Audited by:	B.A. <span style="margin-left: 20px;">DAS</span>	Preliminary Approval:	
Date:	13/10/02	Date:	13/10/02 <span style="margin-left: 20px;">08 9-89</span>	Date:	

Rev	Date	Change	Revised by	Approved
A	10.06.08	New Issue	KJ	 

8 7 6 5 4 3 2 1



8 7 6 5 4 3 2 1



NOTES:

- 1) MATERIAL -1: 304/316 STAINLESS STEEL SHEET ANNEALED 2B FINISH, PER MIL-S-5059 OR AMS 5513/5524 OR ASTM A240 OR ASME SA240 REF DART SPEC M304S11GA
- 3F: 304/316 STAINLESS STEEL SHEET ANNEALED 2B FINISH, PER MIL-S-5059 OR AMS 5513/5524 OR ASTM A240 OR ASME SA240 REF DART SPEC M304S20GA
- 5: 303/304/316 STAINLESS STEEL SHEET ANNEALED 2B FINISH, PER MIL-S-5059 OR AMS 5513/5524 OR ASTM A240 OR ASME SA240 REF DART SPEC M303S16GA OR M304S16GA
- 11: 304/316 STAINLESS STEEL SHEET ANNEALED 2B FINISH, PER MIL-S-5059 OR AMS 5513/5524 OR ASTM A240 OR ASME SA240 REF DART SPEC M304S22GA

(B) 2) FINISH: -1/-3/-11: NONE  
-5: POWDER COAT WHITE (4.3.5.2) PER DART QSI 005 4.3

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: N/A

7) WEIGHT -1: 0.18 lbs -3: 0.35 lbs -11: 0.39 lbs

DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
DRAWN	JPH	DRAWING NO.
CHECKED		REV. B
MFG. APPR.		D4021
APPROVED		TITLE
DE APPR.		SCALE
DATE	10.04.06	MISC PARTS - 350 BASKET

RELEASED  
R 2010-04-14  
M

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107634

8

7

6

5

4

3

2

1

D

D

C

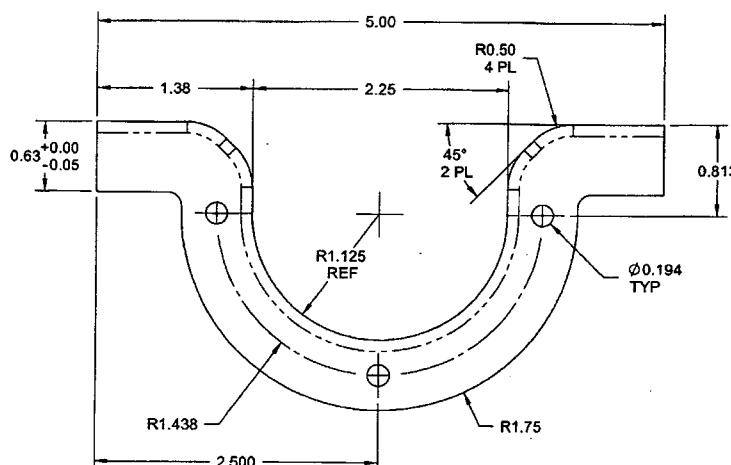
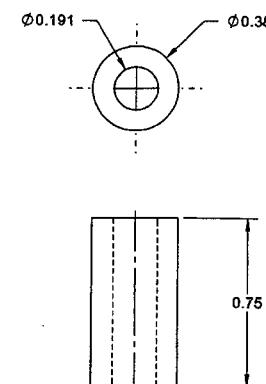
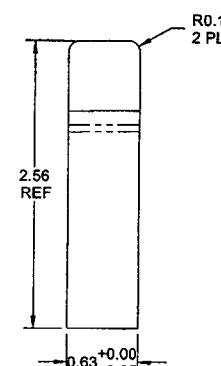
C

B

B

A

A

D4021-7 HOOPD4021-9 BUSHING

## NOTES:

1) MATERIAL-7: 304/316 STAINLESS STEEL BAR, PER ASTM A276  
REF DART SPEC M304B-9: 304/316 STAINLESS STEEL ROUND BAR, PER ASTM A276  
REF DART SPEC M304R

2) FINISH: NONE

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX

6) IDENTIFICATION: N/A

7) WEIGHT -7: 0.80 lbs

-9: 0.02 lbs

RELEASED  
2010-04-14  
NP

DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
DRAWN	JPH	
CHECKED		DRAWING NO. D4021
MFG. APPR.		REV. B SHEET 3 OF 3
APPROVED		TITLE MISC PARTS - 350 BASKET
DE APPR.		SCALE NTS
DATE	10.04.06	COPYRIGHT © 2010 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD